## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

TITLE OF INVENTION: MUCOACTIVE AGENTS FOR TREATING A PULMONARY DISEASE

ISSUE FEE

1510

ART UNIT

Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless componence address, and another orders of the property of th maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note, Use Block I for any change of address)

DAVIDSON, DAVIDSON & KAPPEL, LLC

SMALL ENTITY

NO

EXAMINER

485 Seventh Avenue, 14th Floor New York, NY 10018

APPLN, TYPE

nonprovisional

(A) NAME OF ASSIGNEE

VECTURA LIMITED

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Feeds (1 Transmission I hereby certify that this Feeds (1 Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.

TOTAL FEE(S) DUE

1810

(Depositor's purpe (Date

DATE DUE

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/571 184 07-17-2006 David Morton 478 1077 9629

PUBLICATION FEE

300

CLASS-SUBCLASS

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHIPPENHAM, WILTSHIRE, UNITED KINGDOM SN14 6FH

Eric Olson 1	1623	514-056000	
I. Change of correspondence address or indication of "Fee Address" (FR I 363).  ☐ Change of correspondence address (or Change of Correspondence address form FTU/SB/122) attached.  ☐ Fee Address' indication (or "Fee Address" indication form FTU/SB/47, Rev 03-02 or more recent) attached. Use of a Custon Number is required.	lence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1_Davidson, Davidson & Kappel, 2_LLC 3
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee: is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 5.11. Completion of this form is NOT as substitute for filing an assignment.			

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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignce or other party in

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Authorized Signature /Leslye B. Davidson/ Date March 8, 2011

Typed or printed name Leslye B. Davidson Registration No. 38,854

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